

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MD MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore Md
CERTIFICATE OF DEATH

03580

★ Reg. Dist. No. 58

1. PLACE OF DEATH:

County CalvertCity or town Rusby
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?:

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County CalvertCity or town Rusby
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war no

3. (a) FULL NAME

Richard Buckles Breeden

3. (b) Social Security Number

no

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

S

6.(b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

May 29, 1875

6.(c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

701021

hrs.

min.

9. Birthplace

Calvert Co., Md
(Town, county, and state)

10. Usual occupation

Cystrining

11. Industry or business

FATHER

12. Name

John W. Breeden

13. Birthplace

Md

MOTHER

14. Maiden name

Laura V. Buckles

15. Birthplace

Md

16. Informant

Thomas E. Breeden

Address

Rusby

17.

(Burial, cremation, or removal. Which?)

Burial Date thereof Apr. 24, 1946
(month) (day) (year)

Cemetery or crematory

Middlebrook Chapel

Location

Rusby, Md

18. Funeral director

A. J. Kirkman & Son

Address

Montreal, Md

19.

(Date rec'd by registrar)

April 24, 46 Registrar R. J. Dandridge

MEDICAL CERTIFICATION

20. DATE OF DEATH 20 April 1946 at 4 p.m. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2 June 1944 to 21 Mar 1946
and that I last saw him alive on 21 Mar 1946

Immediate cause of death

Chr. myocarditis

DURATION

Due to

atherosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

H. J. Dandridge (acting coroner)
M. D. or otherAddress Huntingtown Md Date signed 22 April 46

RECEIVED
APR 30 1946
BUREAU V.R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (742)

CERTIFICATE OF DEATH

Reg. Dist. No. 03581 5-2

1. PLACE OF DEATH:

County Calvert.
City or town Parran md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Maggie Pratt Brown.

3. (b) Social Security Number

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced X

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) march 1882. 6. (c) If alive, give age years

8. AGE: Years 64 Months March Days hrs. min.

9. Birthplace md (Town, county, and state)

10. Usual occupation domestic

11. Industry or business

12. Name Richard Brown.

13. Birthplace md

14. Maiden name not known.

15. Birthplace

16. Informant Guy W Pratt.

Address Parran P.O.

17. Burial Date thereof 4-8-46
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St Edmunds.

Location Calvert.

18. Funeral director P. E. Seavelle

Address Prince Frederick md

19. 4-6 19 46 Vergie P. Carpenter
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH 4, 5, 1946 at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 20 19 35 to 19

and that I last saw him alive on 19

Immediate cause of death Coronary Occlusion

Due to Hypertension

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Page CD

Address Prince Frederick, Md. Date signed

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEADQUARTERS UNITED STATES DEPARTMENT OF JUSTICE

1822

RECEIVED

RECEIVED

APR 11 1946

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-2

03582

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH:

County CalvertCity or town Solomons
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County CalvertCity or town Solomons
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Ada Hill Elliott

-3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Separated

6.(b) Name of husband or wife

Harry Elliott

7. Birth date of deceased (mo., day, yr.)

June 2, 1891

6.(c) If alive, give age _____ years

60

8. AGE:

Years

Months

Days

If less than one day

54625

hrs.

min.

9. Birthplace

Calvert

(Town, county, and state)

10. Usual occupation

SW.

11. Industry or business

FATHER

12. Name

George W. Hill

13. Birthplace

St Marys Co. MD.

MOTHER

14. Maiden name

Maude Combs

15. Birthplace

St Marys Co. MD

16. Informant

Arthur E. Hill

Address

Solomons, MD

17.

Burial

Date thereof

April 29, 1946

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Our Lady Star of the Sea

Location

Solomons

18. Funeral director

A. A. Haslam & Son

Address

Mutual, Md

19.

4/2846W.E.S. Foster

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH April 27 1946 at 2⁴⁵ A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1945 to April 27 1946and that I last saw her alive on April 26 1946

Immediate cause of death

Carcinoma of Cervix Uteri

DURATION

Due to

Cervical ulceration

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

George W. Hill M. D. or other
W.E.S. Foster Date signed 4/27/46

83559

RECEIVED
MAY 3 1946
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1246

CERTIFICATE OF DEATH

13583

Reg. Dist. No. 51

1. PLACE OF DEATH:

County CalvertCity or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Prince Frederick, Md

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CalvertCity or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Agnes V. Gault

3. (b) Social Security Number

4. Sex

F.

5. Color or race

C.

6.(a) Single, married, widowed, or divorced

widow

6.(b) Name of husband or wife

George V. Gault

6.(c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

April 1862

8. AGE:

Years

Months

Days

If less than one day

84

hrs.

min.

9. Birthplace

Prince Frederick, Maryland
(Town, county, and state)

10. Usual occupation

Homemaker

11. Industry or business

FATHER

12. Name

Brentt Murray (?)

13. Birthplace

Prince Frederick, Md.

MOTHER

14. Maiden name

?

15. Birthplace

?

16. Informant

Alexander Gault (Son)

Address

Prince Frederick, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

4-19-46
(month) (day) (year)

Cemetery or crematory

Island Creek

Location

Calvert Co., Md.

18. Funeral director

J. E. Sewell

Address

Prince Frederick

19.

(Date rec'd by registrar)

4-171946H. W. Ward

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 19 46 at 4:55 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 19 46, to April 16 19 46and that I last saw he alive on 4/16/46 19 _____

Immediate cause of death

Cerebral hemorrhage

Due to

Hypertensive c. v. d.

Due to

- Arteriosclerosis of liver

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations

_____ Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

H. W. Ward M. D. or other _____
Address Prince Frederick Date signed April 17/46

RECEIVED
MAY 1 1946
BUREAU V. A.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

03584 50
Reg. Dist. No.

1. PLACE OF DEATH:

County CalvertCity or town Solomons
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State 2nd County CalvertCity or town Solomons
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)2.(a) If veteran, name war 2nd

3. (a) FULL NAME

Benjamin H. Barnes

3. (b) Social Security Number

No

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

William T. Barnes

7. Birth date of deceased (mo., day, yr.)

Nov. 17, 1858

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

8753

hrs.

min.

9. Birthplace

Calvert County, Md
(Town, county, and state)

10. Usual occupation

Farmed

11. Industry or business

FATHER
MOTHER

12. Name

Richard Barnes

13. Birthplace

? Ramsay

14. Maiden name

15. Birthplace

16. Informant

Bryan Barnes

Address

Solomons, Md

17. (Burial, cremation, or removal. Which?)

Date thereof

Apr. 23, 1946
(month) (day) (year)

Cemetery or crematory

St. Paul's

Location

Quaker, Md

18. Funeral director

A. B. Jackson & Co

Address

Mutual, Md.

19. (Date rec'd by registrar)

April 23, 46

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Apr. 20,

19..46

at 11:50 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12-29

19..44

to 4-20

19..46

and that I last saw him alive on

4-20

19..46

Immediate cause of death

Generalized arteriosclerosis with coronary occlusion

Due to

DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Richard Barnes

M. D. or other

Address

Prima Individe, Md

Date signed

4/23/46

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APR 30 1946

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County CabnetCity or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County CabnetCity or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war No

3. (a) FULL NAME

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

W

6.(b) Name of husband or wife

Lydia B. Hance7. Birth date of
deceased (mo., day, yr.)Sept. 20, 1873

6.(c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

72621

hrs.

min.

9. Birthplace

Cabnet Co., Md
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER
MOTHER

12. Name

Kimsey Hance

13. Birthplace

Cabnet Co., Md

14. Maiden name

Annie R. Sedwick

15. Birthplace

Cabnet Co., Md

16. Informant

Nazel Hance

Address

Prince Frederick, Md17. Burial
(Burial, cremation, or removal. Which?)

Date thereof

Apr. 13, 1946
(month) (day) (year)

Cemetery or crematory

Ashbury

Location

Baltimore, Md

18. Funeral director

A. A. Wickham & Son

Address

Mt. Airy, Md19. 4-12-46
(Date rec'd by registrar)H. W. Wood
Registrar

3. (b) Social Security Number

No

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1946, at 1:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

year 46 to April 11 1946
and that I last saw him alive on April 11 1946

Immediate cause of death

Cerebral hemorrhage

DURATION

Due to

Hypertensive cardio-vascular

Due to

Brain

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. J. Suller M.D.

M. D. or other

Address

Prince Frederick

Date signed

4/12/46

PAGE 1

UNITED STATES GOVERNMENT

RECEIVED

APR 17 1946

BUREAU V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8-9

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County CalvertCity or town St Leonard
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County CalvertCity or town St Leonard
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

William H. Howe

3. (b) Social Security Number

4. Sex

m.

5. Color or race

C

6. (a) Single, married, widowed, or divorced

X

B. (b) Name of husband or wife

Jennie Howe

7. Birth date of deceased (mo., day, yr.)

April, 25, 1864.6. (c) If alive, give age 67 years

8. AGE:

Years

Months

Days

If less than one day

82

.....hrs.min.

9. Birthplace md.

(Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business

FATHER

12. Name

Thomas Howe

13. Birthplace

md.

MOTHER

14. Maiden name

Elizabeth Morell

15. Birthplace

md.

18. Informant

Jennie Howe

Address

St Leonard md

17. (Burial, cremation, or removal. Which?)

Burial

Date thereof

4-30-46
(month) (day) (year)

Cemetery or crematory

Island Creek

Location

Calvert

18. Funeral director

P.E. Sewell

Address

Prince Frederick md

19.

(Date rec'd by registrar)

18. 46H. W. Warr

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-27-46 at 7:45 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1945 to April 27 1946and that I last saw him in alive on April 27 1946

Immediate cause of death

Cerebral hemorrhage

Due to

Hypertension c. v. d.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. de Villanueva

M. D. or other

Address Prince Frederick Date signed 4/29/46

RECEIVED

MAY 1 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 56

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County CalvertCity or town Hospital
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County CalvertCity or town Dunkirk
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Thomas Mackall

3. (b) Social Security Number

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Billie Mackall7. Birth date of deceased (mo., day, yr.) 1870 8. (c) If alive, give age 74 years8. AGE: Years 76 Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Calvert
(Town, county, and state)10. Usual occupation laborer

11. Industry or business

12. Name John Mackall13. Birthplace Md.14. Maiden name Martha Cook15. Birthplace Calvert16. Informant Patrick WilsonAddress Dunkirk, Md.17. Burial Date thereof April 12 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Hall's Creek CemeteryLocation Calvert18. Funeral director P. E. SewellAddress Prince Frederick, Md.19. 4-12 19 46 H. W. Ward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 19 46 at 11:00 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/11 19 46 to 4/10 19 46and that I last saw in alive on 4/9 19 46Immediate cause of death Carcinoma DURATION 6 mo

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Howard M. D. or other _____Address Orney Rd Date signed 4/12/46

RECEIVED

APR 17 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:

County CalvertCity or town Smith
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 hrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary Alma Schroeder

3. (b) Social Security Number

4. Sex 7 5. Color or race W 6. (a) Single, married, widowed, or divorced W6. (b) Name of husband or wife 1st Daniel Schroeder
(deceased)7. Birth date of deceased (mo., day, yr.) Dec 9, 1901 6. (c) If alive, give age _____ years8. AGE: Years 44 Months 4 Days 2 If less than one day _____ hrs. _____ min.9. Birthplace Ind
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Argyrous E. Buckhead13. Birthplace Ind14. Maiden name Helen E. Pratt15. Birthplace Ind16. Informant Helen OrringsAddress Orring Ind17. Burial Date thereof April 10 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Arlington Nat. Cem.Location Arlington, Va18. Funeral director W. H. HutchinsAddress Owings, Md.19. April 8 19 46 Grace E. Hutchins
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State DC County WashingtonCity or town Washington
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION) ☒

2. (a) If veteran, name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/8 19 46 at 3 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 19 45 to Apr 8 19 46
and that I last saw him alive on Apr 7 19 46Immediate cause of death Carcinoma of Breast
Metastatic DURATION 6 yrs

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Hutchins M. D. or otherAddress Owings Ind Date signed 4/8/46

RECEIVED
MAY 4 1946
BUREAU V. S.